

Pre-participation Screening Questionnaire

Longwood University – Campus Recreation

201 High Street Farmville, VA 23909

Telephone: 434-395-2356

Name (Please Print) _____

Phone # _____

Date of Birth ____/____/____ Height _____

Weight _____

Gender: M F

Emergency Contact (Please Print) _____

Phone # _____

History

You have had:

- A heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty (PTCA)
- Pacemaker/implantable cardiac defibrillator/rhythm disturbance
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease

Symptoms

Have you or do you experience any of the following symptoms:

- Chest discomfort with exertion
- Unreasonable breathlessness
- Dizziness, fainting, or blackouts
- You take heart medications

Other Health Issues

Do you now or have you had in the past:

- Diabetes
- Asthma or other lung disease (i.e. chronic bronchitis, emphysema, COPD)
- Burning or cramping sensation in your lower legs when walking short distances
- Musculoskeletal problems (including muscle or joint injury) that limit your physical activity
- Osteoporosis
- Bursitis, arthritis or tendonitis
- Cancer
- Depression
- Low Back Pain
- Nutrition Related Disorder
- You are pregnant

Cardiovascular Risk Factors

- You are a male older than 45 years
- You are a female older than 55 years, have had a hysterectomy or are postmenopausal
- You smoke, or quit smoking within the previous 6 months
- Your blood pressure is >140/90 mmHg
- You do not know your blood pressure
- You take blood pressure medication
- Your blood cholesterol level is >200mg/dL
- You do not know your cholesterol level
- You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)
- You are physically inactive (ie. you get <30 minutes of physical activity on at least 3 days/week)
- You are more than 20 pounds overweight

Additional Questions

- You have been diagnosed with kidney disease
- You have been diagnosed with thyroid or other endocrinological disorder
- You have muscular problems
- You have arthritis or other orthopedic problems or have had a previous injury

Medications

Please list all medications you take on a regular basis:

Medication	Reason
1.	
2.	
3.	
4.	

Other Comments or Health Issues

This may include injuries, surgical procedures, therapies, exercise history and nutrition.

Participant Assumption of Risk:

I understand that my participation is voluntary and that any type of physical activity involves inherent risks, even when safety precautions are taken. I also understand that should I experience unusual pain or discomfort during activity, I will decrease or stop exercising and inform my trainer of my symptoms. I am aware that personal health/accident insurance is my responsibility. I claim that to the best of my knowledge, I do not have any medical or physical disability that will preclude my safe participation in this program. I agree to inform the staff of any changes in my medical or health condition while participating in this program.

Signature _____

Date _____